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CONFIRMATION NO. 6795

<b>SERIAL NUMBER</b> 10/669,576	<b>FILING OR 371(c) DATE</b> 09/24/2003 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> 1/1401
<b>APPLICANTS</b> Dieter Hochrainer, Oberkirchen, GERMANY; Joerg Schiewe, Mainz, GERMANY; Bernd Zierenberg, Bingen, GERMANY; Stephen Dunne, Suffolk, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> <i>TKM</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>TKM</i> GERMANY 102 44 795 09/26/2002				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/22/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Seema Wadhwa</i> Allowance Examiner's Signature <i>TKM</i> Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 21
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 28501				
<b>TITLE</b> Dry powder inhaler				
<b>FILING FEE RECEIVED</b> 1604	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	